



LOCATION / CLASS CODE / COI REQUEST

STAR HR Client:

This form must be completed in its entirety.

Name: _____

New Client Location Name: _____ FEIN: _____

New Client Location/Address: _____

City: _____ State: _____ Zip: _____

Class Code Requested (if known): _____

Number of Employees for New Code: _____

Estimated Annual Gross Payroll: _____

Class Code Requested Begin Date: _____

Employee work duties to be performed DO NOT LEAVE BLANK:

Name of your associate that did the worksite location walk through: _____

What is the Company's main line of business: _____

Employee Job Title: _____

List the PPE that is provided to Employees: _____

List all tools and/or machinery that the employees will work with: _____

List the actual responsibilities of the employees: _____

Certificate of Insurance Information

Is the Cert holder name and address the same as above? Yes No

-If No Please complete Below-

Name: _____ DBA if any: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the location require a Waiver of Subrogation (WOS): Yes No

Does the location require an Alternate Employer Endorsement (AEE): Yes No

\$135.00 fee applies for each WOS or AEE request.

Instructions: FEIN is required. Complete employee work duties section. Answer all questions. Note: Please allow 24-48 hours for approval.

Fill out request in its entirety and email to risk@starhro.com.